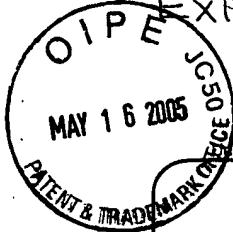


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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/751,121
Filing Date	Dec. 28, 2000
First Named Inventor	Abendroth
Art Unit	3624
Examiner Name	E. Colbert
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name				
Address	John C. Abendroth			
Address	6833 W. Wandawega Circle			
City	Mequon	State	WI	Zip 53092
Country				
Telephone			Fax	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	John C. Abendroth		
Signature			
Date	MAY 16, 2005	Telephone	(414) 517-3101

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

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